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2626

In re Application of:

Response Under 37 C.F.R. § 1.116
Group Art Unit 2626, Expedited Procedure
Docket No. 03500.014130.

NAOKI TSUCHITOI ET AL.

Appln. No.: 09/470,206

Examiner: M. E. Wallerson

Filed: December 22, 1999

Group Art Unit: 2626

For: PRINT CONTROL APPARATUS, PRINT
CONTROL METHOD, MEMORY MEDIUM
FOR STORING PRINT CONTROL PROGRAM,
AND PRINT CONTROL PROGRAM

Date: July 13, 2004

Mail Stop AF
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

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JUL 19 2004

Technology Center 2600

Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 80	MINUS	** 224	= 0	x \$9 \$18	\$0
INDEP. CLAIMS	* 12	MINUS	*** 15	= 0	x \$43 \$86	\$0
Fee for Multiple Dependent claims \$145/\$290						\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0

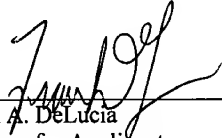
* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ *Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$____ is enclosed.
- ☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Patent and Trademark Office is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205.
- ☐ A check in the amount of \$_____ to cover the Extension fee for response with a ____-month extension is enclosed.
- ☐ A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our New York Office by telephone at (212) 218-2100 or by facsimile at (212) 218-2200. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Frank A. DeLucia
Attorney for Applicants

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